

Best Available Copy

| CLAIMS ONLY | | | | | | Application Number | Filing Date | |
|--------------------|----------|--------|-----------------------|--------|------------------------|---|-------------|---|
| | | | | | | 10/6/12 299 | | |
| | | | | | | Applicant(s) | | |
| | | | | | | * May be used for additional claims or amendments | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | | |
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| Total Indep | | | 2 | | | | | |
| Total Depend | | | 19 | | | | | |
| Total Claims | | | 21 | | | | | |